

# INDIANA CANDIDATE SUBSIDY PROGRAM APPLICATION

## NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS 2002-2003

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ Indiana, ZIP \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

City/Town \_\_\_\_\_ Indiana, ZIP \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

### EDUCATION

College or University \_\_\_\_\_

Year Graduated \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

College or University \_\_\_\_\_

Year Graduated \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

College or University \_\_\_\_\_

Year Graduated \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

### GRADUATE SCHOOL

Years Attended \_\_\_\_\_ Degree (s) \_\_\_\_\_

**Indiana Teaching License (s)**

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**Teaching Experiences (starting with most recent):**

**Name of School** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Number of Years at School** \_\_\_\_\_

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**Name of School** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Number of Years at School** \_\_\_\_\_

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**Name of School** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Number of Years at School** \_\_\_\_\_

**CURRENT Principal's Name** \_\_\_\_\_

**CURRENT Superintendent's Name** \_\_\_\_\_

**Total years teaching** \_\_\_\_\_

**Please attach:**

- (1) Principal's letter.
- (2) Superintendent's letter

**Mail to:**       **Dr. Richard Bowers**  
                  **Indiana Professional Standards Board**  
                  **101 W. Ohio Street, Suite 300**  
                  **Indianapolis, IN 46204**